FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See inst	ructions)	Office use only
1. NAME OF COMMITTEE (in	(Check if nam is changed)	ne Example: If typying, type over the lines	12FE4M5
Secure Americ	caş Majority PAC (SAM-PAC	),,,,,,,,,,,,,	
ADDRESS (number and	2016 Meadowcro	eek Dr	
ADDRESS (number and	street)		
(Check if addr is changed)	ess Plano		TX 75074 _
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA Rensue123@a			ı
101154512544			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N	NUMBER		
با لبنا			
2. DATE 0.1			
3. FEC IDENTIFICA	TION NUMBER	C C00345702	
4. IS THIS STATEM	MENT X NEW (N)	OR AMENDED (A)	
I certify that I have exami	ined this Statement and to the best of m	ny knowledge and belief it is true, correc	t and complete
Type or Print Name of	Treasurer Mr. John W.	Wroten, Jr.	
Type of Time Name of			
Signature of Treasurer	Electronically Filed by Mr. Jo	ohn W. Wroten, Jr.	Date 01 / 09 / Y Y Y Y
NOTE: Submission of fa		on may subject the person signing this s	Statement to the penalties of 2 U.S.C. S437g.
Office Use Only		For further informati Federal Election Com Toll Free 800-424-955	mission FEC FORM 1

	FEOForm 1 (Revised 0	02/2003)				Page 2	
5.	TYPE OF COMMITTEE (Che	YPE OF COMMITTEE (Check One)					
	(a) X This committee	ee is a principal campai	ign committee. (Complete the	candidate informatior	ı below.)		
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					ndidate	
Name of Candidate							
	Candidate Party Affiliation	Office Sought:	House	Senate	President	State District	
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name of Candidate						
	(d) This committee	ee is a	(National, State (or subordinate) comm	nittee of the		mocratic, ublican,etc.) Party.	
(e) This committee is a separate segregated fund							
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.						d or party	
6.	Name of Any Connected O	rganization or Affiliate	ed Committee				
	1 1 1 1 1 1 1 1 1 1				1 1 1 1 1 1		
	1 1 1 1 1 1 1 1 1 1				1 1 1 1 1 1		
	Mailing Address	1					
	. J	1					
					1 1		
				CTAT		UD CODE A	
CITY▲ STATE ★ ZIP C					IP CODE A		
Relationship							
Type of Connected Organization:							
	Corporation		Corporation w/o Capital Sto	ock	Labor Organizatio	n	
	Membership Organi	ization	Trade Association		Cooperative		

FEC Form 1 (Revised 02/	2003)		Page <b>3</b>			
Write or Type Committee Name						
Secure Americas Majorit	ty PAC (SAM-PAC)					
	ustodian of Records: Identify by name, address, (phone number optional), and position of the person in ossession of Committee books and records.					
Full Name						
Mailing Address						
Title or Position ♥	CITY A	STATE▲	ZIP CODE A			
		Telephone number				
name and address of any c	No. 1-1 MAI MAINTEN IN					
Mailing Address	PO Box 860159					
	Plano		75086			
Title or Position ♥	CITY A	STATE	ZIP CODE A			
		Telephone number				
Full Name of Designated Agent						
Mailing Address						
			_			
Title or Position ♥	CITY A	STATE <b>▲</b>	ZIP CODE A			
		Telephone number				

	FEC Form 1 (Rev	vised 02/2003)	Page 4
9.	Banks or Other Depositions safety deposit boxes or right Name of Bank, Depositor	maintains funds.	accounts, rents
	1: Mailing Address	st International Bank PO Box 940285	
		Plano TX	75094   _

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$ 

CITY 🗷